



06-21-06

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C.C.

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27885 7590 03/22/2006

FAY, SHARPE, FAGAN, MINNICH & MCKEE, LLP
1100 SUPERIOR AVENUE, SEVENTH FLOOR
CLEVELAND, OH 44114

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Karen M. Forsyth	(Depositor's name)
<i>Karen Forsyth</i>	(Signature)
June 20, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/735,103	12/15/2003	William S. Houston	LEEE 200345	1856

TITLE OF INVENTION: ELECTRIC ARC WELDING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAW, CLIFFORD C	1725	219-130510

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<u>1</u> <u>FAY, SHARPE, FAGAN,</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>2</u> <u>MINNICH & MCKEE, LLP</u>
	<u>3</u> _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lincoln Global, Inc.

Santa Fe Springs, CA USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge any deficiencies in the required fee(s), or credit any overpayment, to Deposit Account Number 06-0308 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Mark S. Svat

Date June 20th 2006

Typed or printed name Mark S. Svat

Registration No. 34,261

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